POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

I hereby revoke all previous powers of attorney given in the application identified in the attached statement

OFF	aged with the Customer Number:	L	named, then a customer num	ber must be used):
h		dration riber	Narrie	Registration Number
s afformay(s) or agent(s) to	represent the undersigned belones assigned gely to the undersigned	e the United States Pate	ont and Trademark Office (US	SPTO) in connection with
OFI Firm or	iated with Customer Number:	24353	woman and a second	
individual Name ddress				
ay	Stat	ē.	Zip	
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pplication in which this ppointed in this form i	her with a statement under 37 of form is used. The statement of the sphointed practitioner is cover of Attorney is to be filed.	under 37 CFR 3.73(t s authorized to act o	of may be completed by	one of the practitioner
The incis	SIGNATU	RE of Assignee of Rec	cord rized to act on behalf of the a	isignee
Signature	~		Date: 57/2-7	1/08
Vame emak	San Tall		Telephone: 577	- 864 - 4381

Title SENIOR | COUNTY | COUNTY | The collection of entermation is required by 37 CFE 1.31 1.32 and 1.33. The information is required to either to create a benefit by exposite which is to fill good by the LISPTO is provided an application. Confidencing a powermed by 55 U.S.C. 172 and 57 CFE 1.11 and 1.14. The collection is entimated to the 3 memories to complete, including pathod and scheming the completed application form to the USPTO. Time will vary depending upon the individual case, Any comments on the amount of time you require to complete this form and/or suggestions to reducing the burden, should be sent to the Chief Internation Officer, U.S. Pagent and Trademask Officer, U.S. Department, of Commerce, P.O. Box 1456, Alexandria, VA 22318-1450, DO 1/107 SEND FEES OR COMPLETED FORMS TO THIS AUGRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Title